

## **EXHIBIT 29**



Metropolitan Life Insurance Company  
One Madison Avenue, New York, NY 10010-3690

To

Date 11/90

**Subject** Ultimate Amount of Continuing Life Insurance Under the Provisions  
of the General Motors Life and Disability Benefits Program  
for Retirees With 10 or More Years of Participation

R E PORTER

Retiree's Name

Social Security Number

Metropolitan's records show that your Continuing Life Insurance has now fully reduced to the amount of \$\_\_\_\_\_. This amount of Continuing Life Insurance will remain in effect for the rest of your life. If you are presently contributing toward your Continuing Life Insurance, you will no longer be required to make contributions once you attain age 65.

**Important:** Keep this notice with your other valuable papers.

If you have any questions regarding your Continuing Life Insurance, please contact:

Metropolitan Life Insurance Company

14000

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35001

19 40-013095-111705.056 111705 2054527



To

Date 04/87

**Subject** Continuing Life Insurance after Age 65 for  
Retirees with 10 or more Years of Participation

**J B BIDWELL**

Retiree's Name

Social {Security } Number  
{Insurance }

Metropolitan records show that you now have ; of Continuing Life Insurance in  
effect, without cost to you, for the rest of your life.

**Important:** Keep this notice with your other valuable papers.

If you have any questions regarding your Continuing Life Insurance, please contact:

Metropolitan Life Insurance Company

14000 9 10001



To **Earl C. Walters, Jr.**

Date **11/88**

**Subject** Ultimate Amount of Continuing Life Insurance Under the Provisions  
of the General Motors Life and Disability Benefits Program  
for Retirees With 10 or More Years of Participation

**E C WALTERS**

Retiree's Name

Social Security Number

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**Important:** Keep this notice with your other valuable papers.

If you have any questions regarding your Continuing Life Insurance, please contact:

INSURANCE ACTIVITY  
REGIONAL PERSONNEL CENTER DAYTON  
3400 SPRINGBORO PIKE  
DAYTON, OHIO 45439

Metropolitan Life Insurance Company

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34001



To *William L. Owens*

Date 05/89

**Subject** Ultimate Amount of Continuing Life Insurance Under the Provisions  
of the General Motors Life and Disability Benefits Program  
for Retirees With 10 or More Years of Participation

W I OWENS

Retiree's Name

Social Security Number

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**Important:** Keep this notice with your other valuable papers.

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INSURANCE ACTIVITY  
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